

DOD INDUSTRIAL PLANT EQUIPMENT REQUISITION				REQUISITION NUMBER		<i>Form Approved</i> <i>OMB No. 0704-0246</i> <i>Expires Feb 28, 2006</i>	
SECTION I – ITEM DESCRIPTION							
<small>The public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>							
PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO DEFENSE SUPPLY CENTER RICHMOND, ATTN: J1, 8000 JEFFERSON DAVIS HIGHWAY, RICHMOND, VA 28297-5100							
1. COMMODITY CODE		2. MANUFACTURER				3. MODEL NUMBER	
4. STOCK NUMBER		5. POWER CODE	6. ESTIMATED COST		7. PHYSICAL INSPECTION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. PROCUREMENT SPECIFICATION ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. DESCRIPTION							
CONTINUED UNDER REMARKS SECTION <input type="checkbox"/> YES <input type="checkbox"/> NO							
SECTION II – ROUTING AGENCY/FACILITY/CONTRACTOR							
10. NAME AND ADDRESS (Include ZIP)				11. CONTRACT NUMBER		12. DATE	13. COMMAND CODE
				14. PROGRAM <input type="checkbox"/> MILITARY <input type="checkbox"/> CONTRACTOR			
15. INTENDED USE				16. DATE ITEM REQUIRED AT DESTINATION		17. DATE CERT. N/A REQUIRED	18. PRIORITY
19. BASIS FOR AUTHORIZATION <input type="checkbox"/> PRODUCTION <input type="checkbox"/> MOBILIZATION <input type="checkbox"/> REPLACEMENT				20. PROCUREMENT PLANNED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If "YES" cite appropriation)</small>			21. REBUILD/OVERHAUL CANDIDATE <input type="checkbox"/> YES
22. TYPED NAME AND TITLE OF REQUESTING OFFICIAL				23. SIGNATURE OF REQUESTING OFFICIAL			24. DATE
25. CERTIFICATION OF NEED BY ADMINISTERING ACTIVITY				a. ADMINISTRATIVE OFFICE CODE			
b. NAME AND ADDRESS (Include ZIP)				c. TYPED NAME & SIGNATURE OF PRODUCTION REPRESENTATIVE			d. DATE
				e. SIGNATURE OF ADMINISTRATIVE CONTRACTING OFFICER			f. DATE
SECTION III – APPROVAL AUTHORITY							
26. NAME AND ADDRESS (Include ZIP)				27. TITLE, SYMBOL AND TELEPHONE NUMBER OF APPROVING OFFICIAL			
				28. TYPED NAME AND SIGNATURE OF APPROVING OFFICIAL			29. DATE
SECTION IV – ALLOCATION AND AUTHORITY TO INSPECT (To be completed by DSCR)							
30. COMMODITY CODE		31. I.D./GOVERNMENT TAG NUMBER			32. DESCRIPTION (See attached copy of DD 1342)		
33. PRESENT LOCATIONc					34. SHIPPED TO (Name address and ZIP code)		
35. ESTIMATED TIME REQUIRED FOR SHIPMENT FROM DATE OF ACCEPTANCE (Enter number of days)							
a. AS IS CONDITION		b. TEST REQUIRED	c. REPAIR REQUIRED		d. REPAIR/OVERHAUL REQUIRED	e. STANDARD ATTACHMENTS REQUIRED	
36. TYPED NAME AND SIGNATURE OF ALLOCATING OFFICIAL					37. DATE		38. DATE OFFER EXPIRES
SECTION V – NON-AVAILABILITY CERTIFICATE (To be completed by DSCR)							
39. The item described in Section I of this form has been screened by DSCR against the idle inventory of the Department of Defense and it is hereby certified as not available or cannot be delivered on or before the date specified in Section II (Item 16). Procurement action resulting from this Certification of Non-Availability must be initiated within 45 calendar days of the date included in this Section (Item 42) or complete rescreening is required. Equipment offered by DSCR in Section IV must be considered if the supplier cannot deliver new equipment before expiration of the period specified in Section IV (Item 35).							
40. TYPED NAME AND SIGNATURE OF CERTIFYING OFFICIAL				39. DATE CERTIFICATE ISSUED		40. DATE CERTIFICATE EXPIRES	41. CERTIFICATE NUMBER

SECTION VI – CERTIFICATION OF ACCEPTANCE

44. The item allocated in Section IV of this form

☐ a. HAS BEEN PHYSICALLY INSPECTED AND IS ACCEPTABLE☐ b. IS ACCEPTABLE WITHOUT PHYSICAL INSPECTION

ITEM IS ACCEPTED UNDER ONE OF THESE CONDITIONS:

☐ (1) AS IS CONDITION☐ (2) REPAIR REQUIRED☐ (3) TEST REQUIRED☐ (4) REBUILD OVERHAUL REQUIRED☐ (5) OTHER☐ IS NOT ACCEPTABLE (*A complete description of conditions making item unacceptable must be stated under "REMARKS" below.*)

45. TYPED NAME AND TITLE OF CERTIFYING OFFICIAL

46. SIGNATURE OF CERTIFYING OFFICIAL

47. DATE

SECTION VII – SPECIAL SHIPPING INSTRUCTIONS

48. SHIP TO (INCLUDE ZIP CODE)

49. FOR TRANSSHIPMENT TO

50. MARK FOR

51. APPROPRIATION CHARGEABLE FOR

d. PAYING OFFICE/ACTIVITY NAME AND ADDRESS (*Include ZIP code*)

a. PACKING/CRATING/HANDLING

b. TRANSPORTATION

c. OTHER

52. SPECIAL DISTRIBUTION OF SHIPPING DOCUMENTS AND OTHER INSTRUCTIONS

SECTION VIII – REMARKS

53. REMARKS